

2019

Kentucky YOUTH RISK BEHAVIOR SURVEY DATA



June 8, 2020

How fortunate we are to live in the great state of Kentucky. The beauty of our natural surroundings is apparent in our lakes, trails and land. And who could forget the Kentucky Derby and its festivities each spring? Maybe it is one of the many other sports that can be enjoyed in Kentucky that draw you to live here, from golf to our beloved basketball. Whatever you love about this state, there are many other Kentuckians whose feelings echo your own.

As great as all this is about Kentucky, our most valuable resource remains its people. And we must take care of each other.

Every other year, through a partnership with the U.S. Centers for Disease Control and Prevention, Kentucky middle and high school students participate in the Youth Risk Behavior Survey (YRBS). The survey monitors health-risk behaviors in six priority areas: injury and violence, alcohol and drug use, tobacco use, nutrition, physical activity and sexual risk behaviors. These risk behaviors contribute to the leading causes of death, disability and social problems among youth and adults in the United States.

Research repeatedly illustrates strong connections between these behaviors and well-being and quality of life. Health and education cannot be separated. Education alone cannot ensure success.

In the following pages, you will find data from the most recent YRBS assessment in 2019. As you review the data and trends, we challenge you to use this information as a starting point for exploring evidence-based programming and considering new or revised policies to assist our young people in making sound decisions and adopting healthy lifestyles.

How we react now will impact our state for years to come.

During the fight against COVID-19, neighbors and co-workers, families and friends came together, along with health care professionals, educators, businesses, government and faith-based institutions. This teamwork also is needed to ensure our youth stay healthy and on the right path.

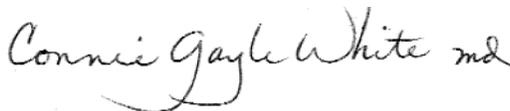
All of us are "Team Kentucky," and we unite in times of need.

Join us in conquering this challenge, as it is all our responsibility as Kentuckians. Be innovative and creative while we address the "whole child." Our young people are depending on us.

Sincerely,



Kevin C. Brown
Interim Commissioner
Department of Education



Connie Gayle White, MD, MS, FACOG
Deputy Commissioner for Clinical Affairs
Department for Public Health

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC)

Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Research shows a link between the health outcomes of young people and their academic success. To have the most positive impact on the health outcomes of young people, government agencies, community organizations, schools and other community members must work together through a collaborative and comprehensive approach.



The Whole School, Whole Community, Whole Child, or WSCC model, is the Centers for Disease Control and Prevention's (CDC) framework for addressing health in schools. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices. The WSCC model has 10 components:

1. Physical education and physical activity.
2. Nutrition environment and services.
3. Health education.
4. Social and emotional school climate.
5. Physical environment.
6. Health services.
7. Counseling, psychological and social services.
8. Employee wellness.
9. Community involvement.
10. Family engagement.

<https://www.cdc.gov/healthyschools/wsc/index.htm>

YOUTH RISK BEHAVIOR SURVEY (YRBS)

The CDC's Division of Adolescent and School Health funds cooperative agreements with state, territory and local education agencies to administer the Youth Risk Behavior Survey (YRBS) and the School Health Profiles (Profiles).

What is the YRBS?

The YRBS monitors six categories of priority health-risk behaviors among youth and young adults, including: behaviors that contribute to unintentional injuries and violence (including suicide); tobacco use; alcohol and drug use; sexual behaviors that contribute to unintended pregnancy and STDs (including HIV infection); unhealthy dietary behaviors; and physical activity.



The results are used to create awareness, develop programs and policies, set goals, support health-related legislation and seek funding.

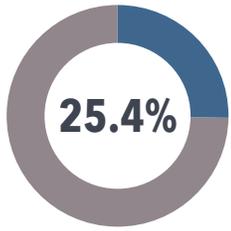
Who participates?

The YRBS is administered in the spring semester of odd-numbered years to a random selection of middle and high school students throughout the state. The CDC randomly selects approximately 45 typical public middle schools and 55 typical public high schools to participate. The survey takes approximately 45 minutes, or one class period, to complete, and is usually administered to students in 3-5 randomly selected 2nd period classes in each school.

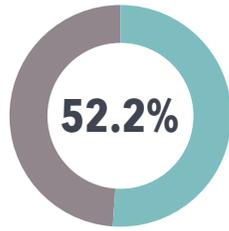
How is it conducted?

Participation in the survey is voluntary and the data is not reported for individual school districts, schools or students. The surveys are completely anonymous, and a student has the right to refuse to answer any or all questions if he or she doesn't feel comfortable. Passive parental permission is obtained from all students who participate in the survey. Administration of the YRBS is completed through a partnership with the Division of Family Resource and Youth Services Centers (FRYSC) in the Cabinet for Health and Family Services.

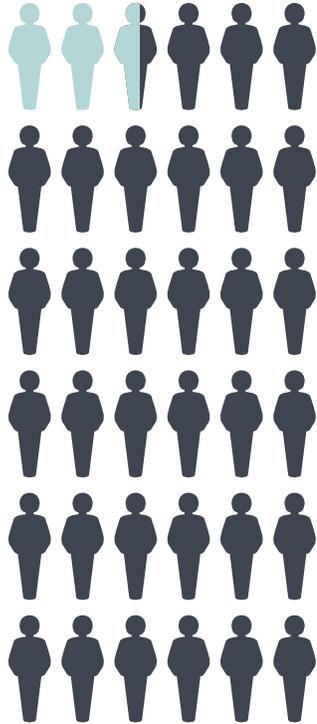
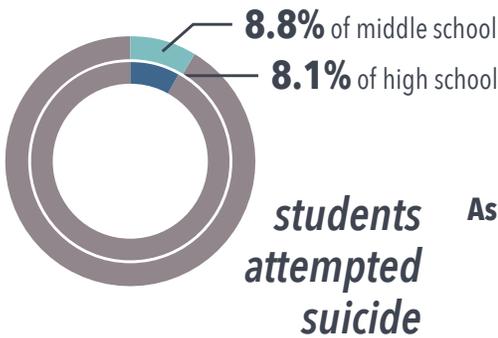
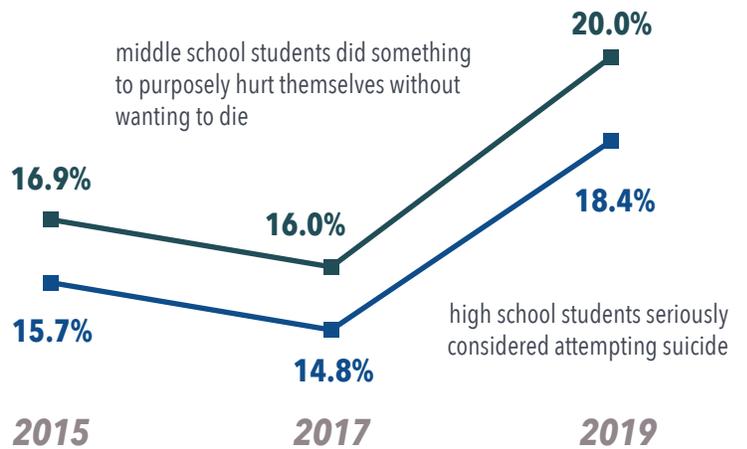
INJURY AND VIOLENCE



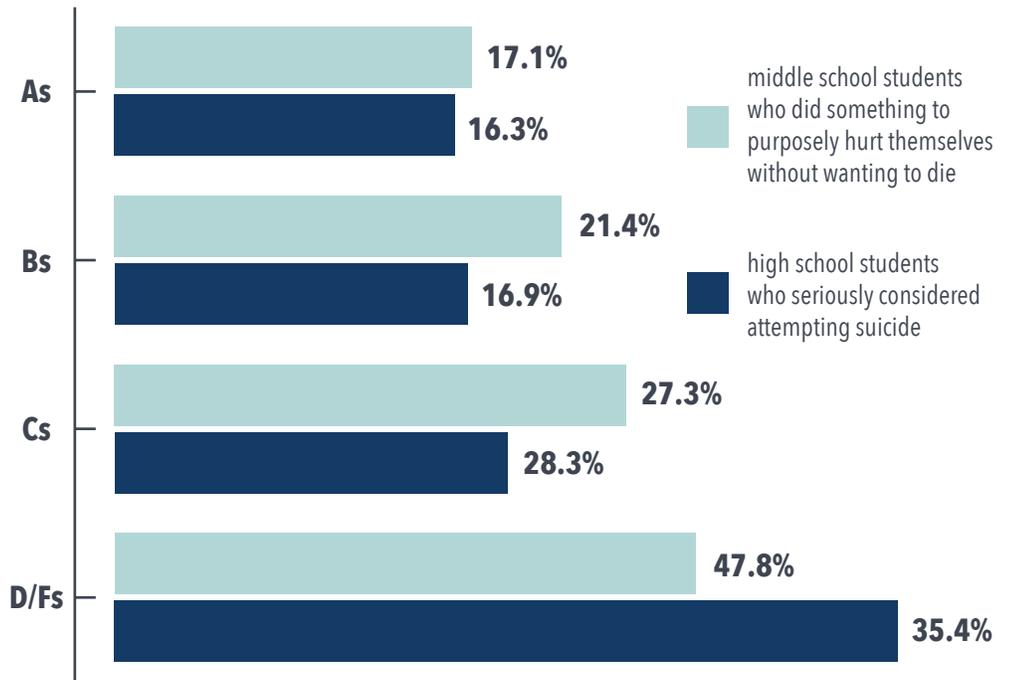
high school students missed one or more days of school because their mental health was not good



middle school students reported their mental health was not good



2.6 of 30 middle school students have tried to kill themselves

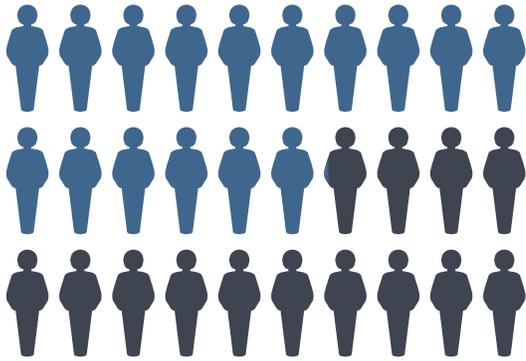


Percentage of students who engaged in injury and violence, by the grades mostly earned in school

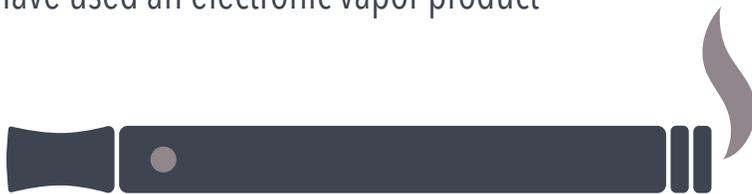


Female middle school students were significantly more likely than males to have been bullied on school property and seriously thought about killing themselves.

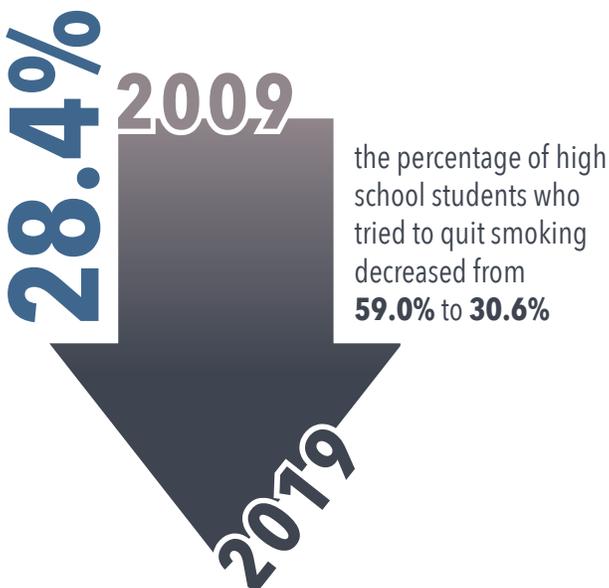
Female high school students were significantly more likely than males to have felt sad or hopeless and missed one or more days of school because their mental health was not good.



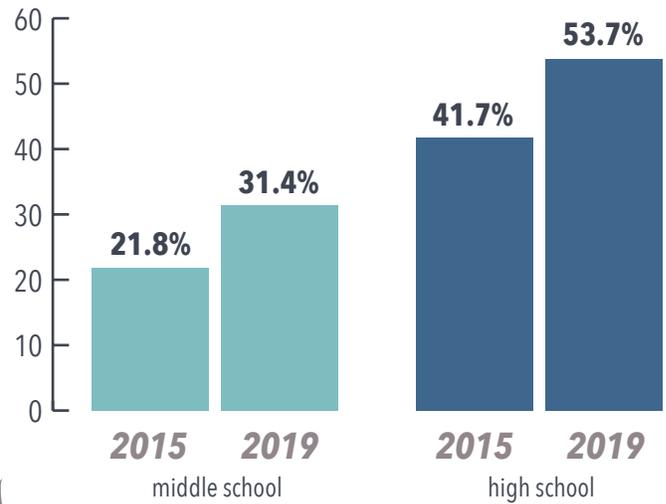
16.1 of 30 high school students have used an electronic vapor product



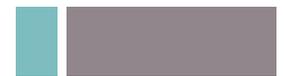
13.0% of Black compared to **28.1%** of White high school students currently use an electronic vapor product



students who used an electronic vapor product



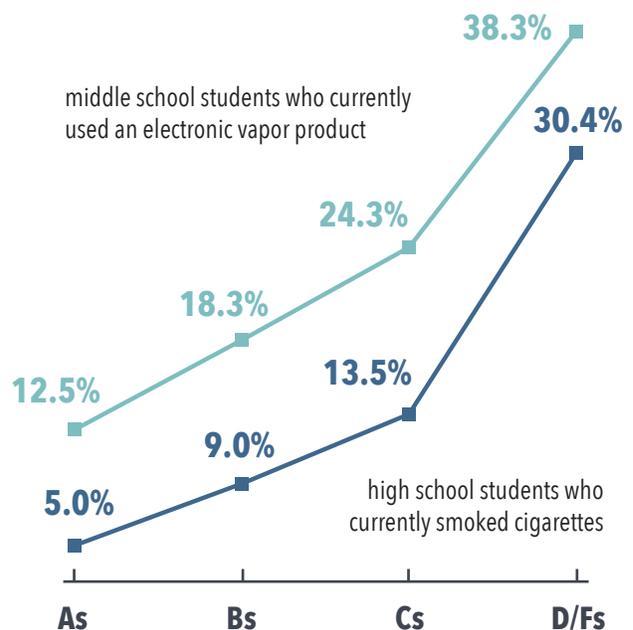
16.5% of middle school students have tried cigarette smoking



7.1% of middle and **19.7%** of high school students used an electronic vapor product on school property



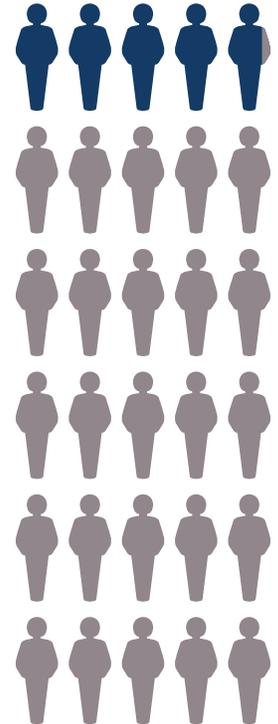
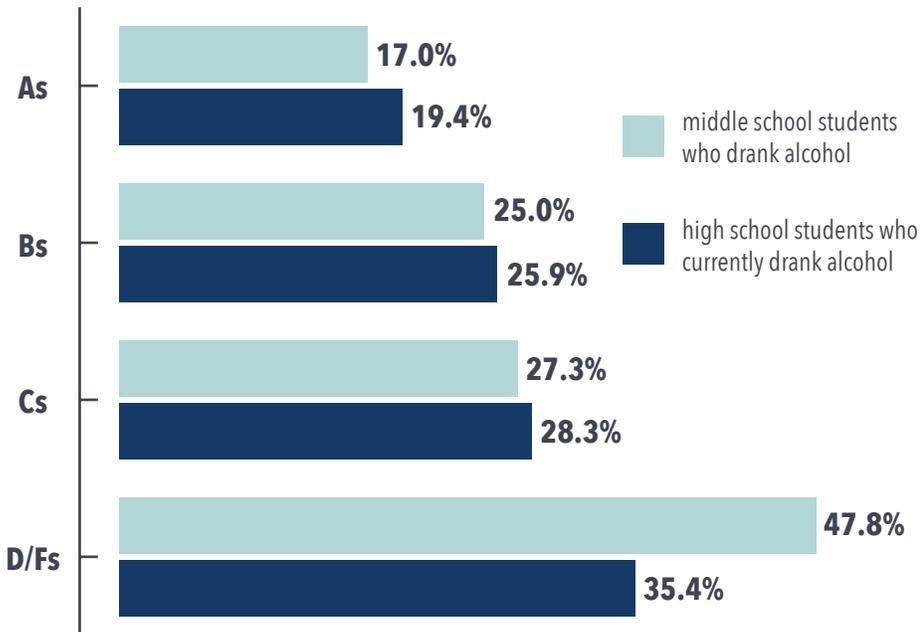
50.5% of high school students tried to quit using all tobacco products



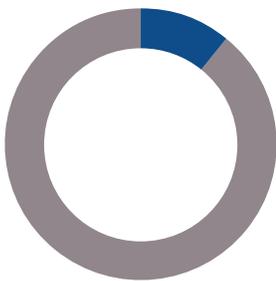
Percentage of students who engaged in tobacco use, by the grades mostly earned in school

ALCOHOL AND OTHER DRUG USE

Percentage of students who engaged in alcohol use, by the grades mostly earned in school



4.8 of 30 high school students currently used marijuana

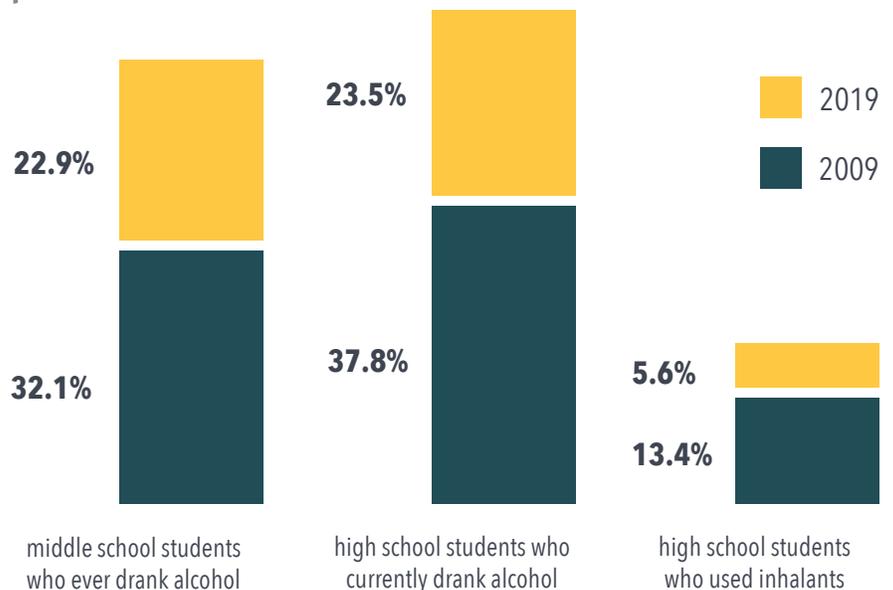
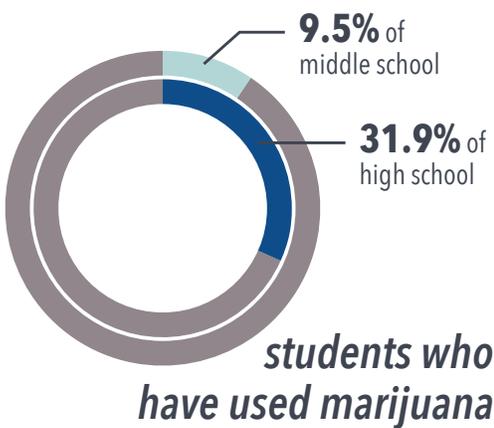


11.0% of high school students took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it

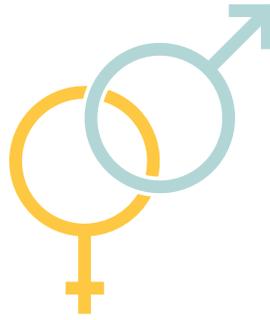
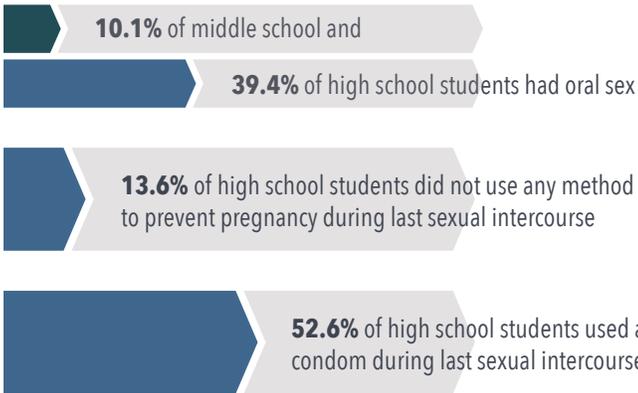
18.7% of Hispanic/Latino compared to **8.1%** of White middle school students used marijuana



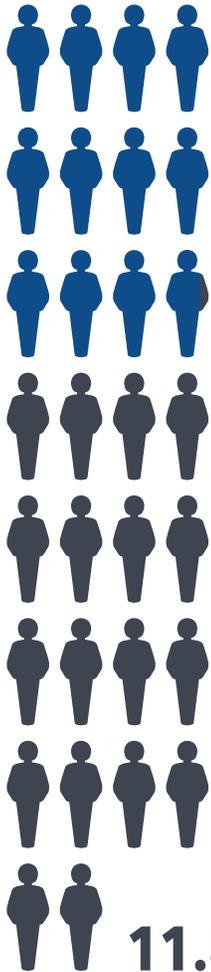
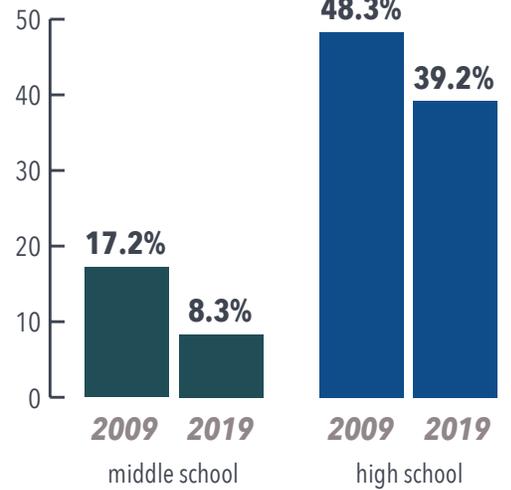
13.7% of Hispanic/Latino compared to **5.3%** of White high school students used synthetic marijuana



SEXUAL BEHAVIORS



students who had sexual intercourse

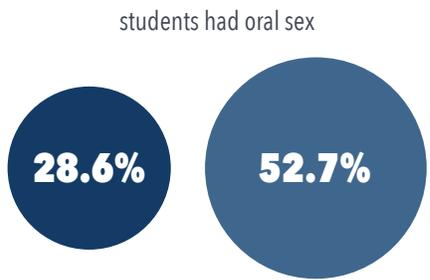


11.8
of 30 high school students have had sexual intercourse



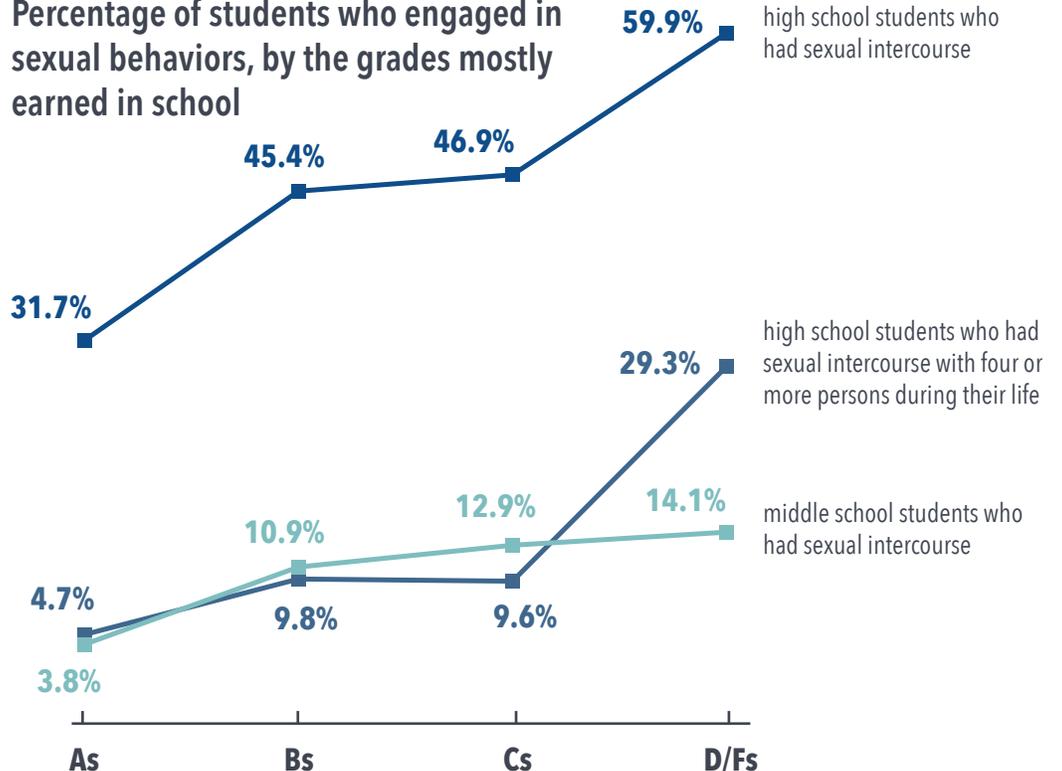
students had sexual intercourse

● 9th grade ● 12th grade

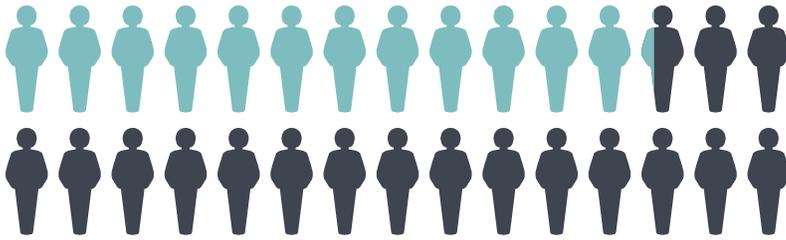


students had oral sex

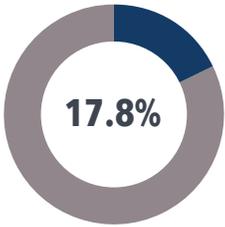
Percentage of students who engaged in sexual behaviors, by the grades mostly earned in school



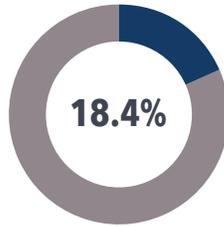
DIETARY BEHAVIORS



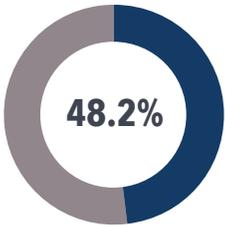
12.3 of 30 middle school students ate breakfast on all seven days before the survey



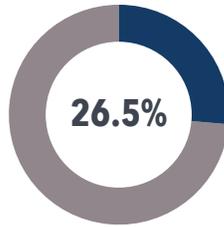
high school students were overweight



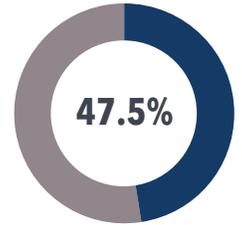
high school students were obese



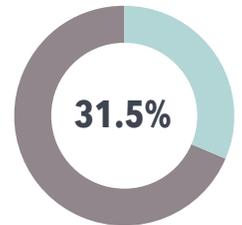
high school students ate vegetables one or more times per day



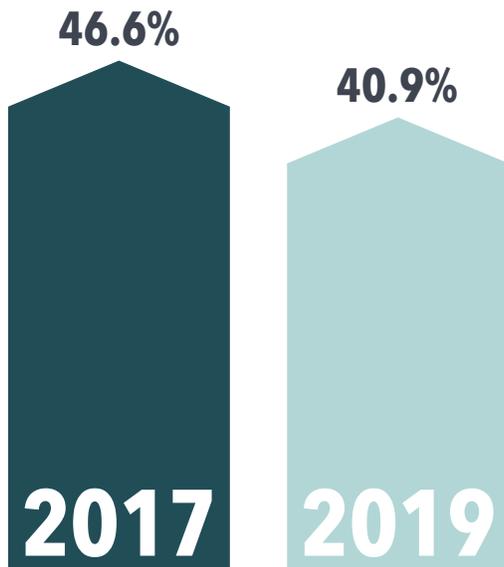
high school students ate breakfast on all seven days



ate fruit or drank 100% fruit juices one or more times per day

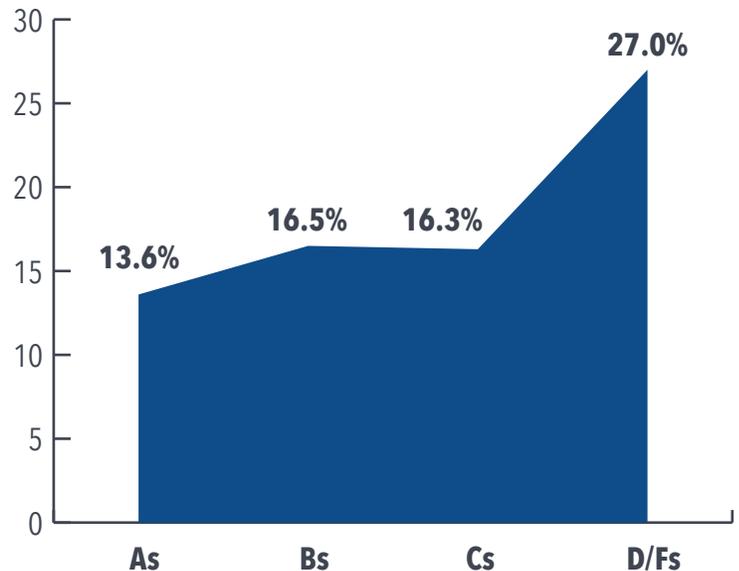


middle school students described themselves as slightly or very overweight



middle school students ate breakfast on all seven days

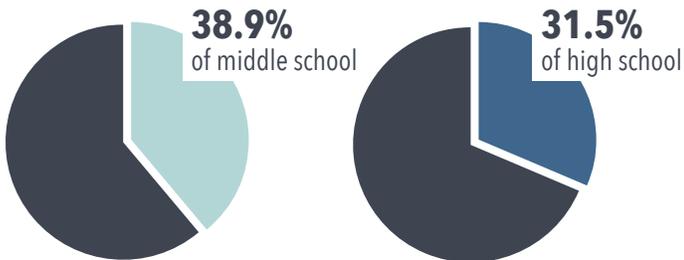
Percentage of high school students who did not eat breakfast, by the grades mostly earned in school



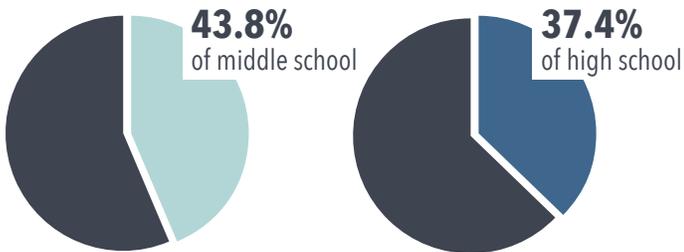
44.4% male

30.3% female

high school students were physically active at least 60 minutes per day on five or more days in the past week

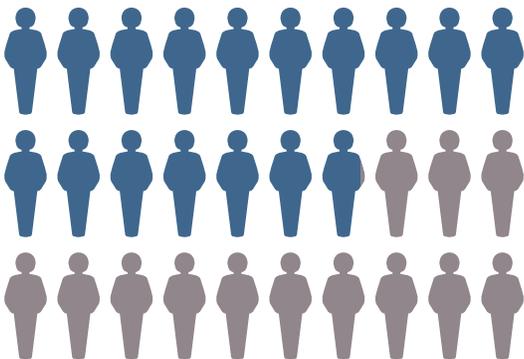


students attended physical education (PE) classes on one or more days in an average school week

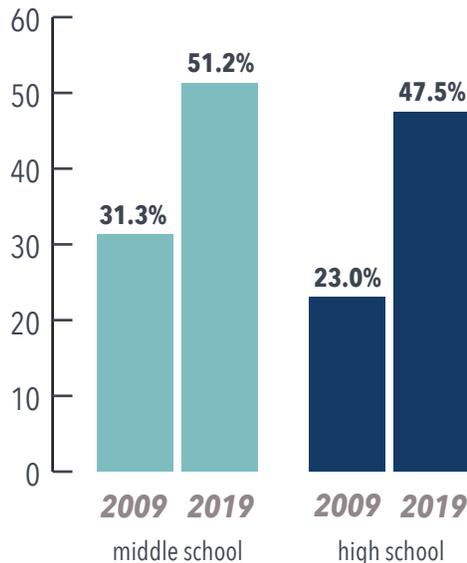
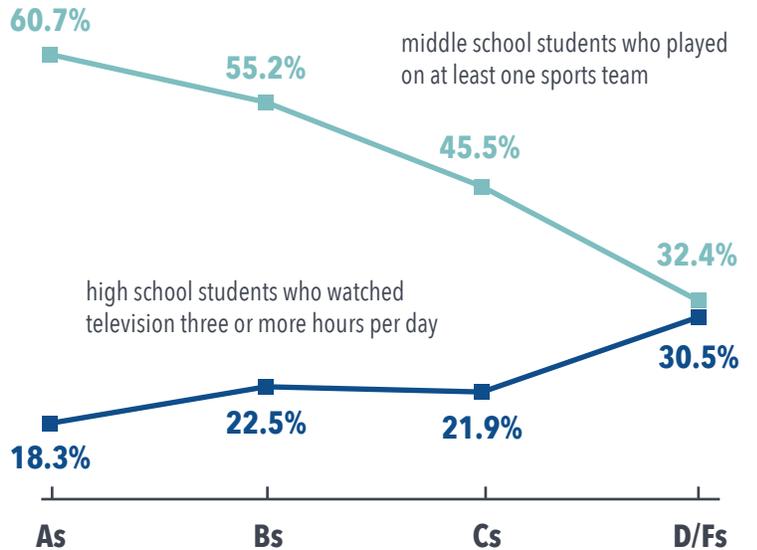


students were physically active at least 60 minutes per day on five or more days

16.9 of 30 middle school students were not physically active at least 60 minutes per day on five or more days

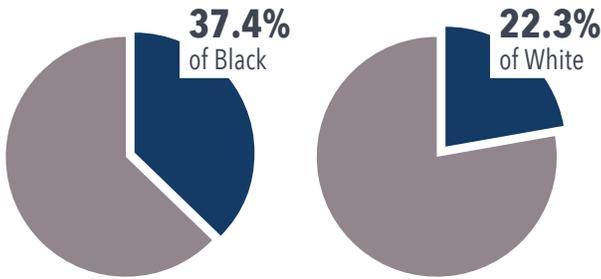


Percentage of students physical activity, by the grades mostly earned in school

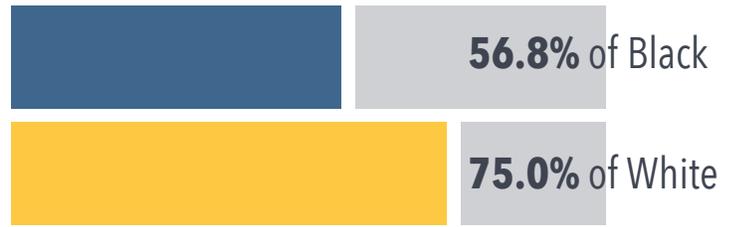
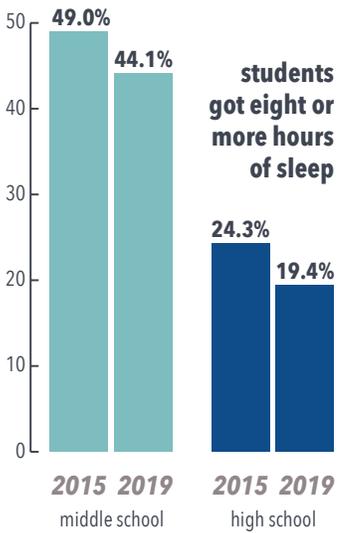


students played video or computer games or used a computer three or more hours per day (counting time spent on things such as playing games, watching videos, texting or using social media on their smartphone, computer, Xbox, PlayStation, iPad or other tablet, for something that was not school work, on an average school day)

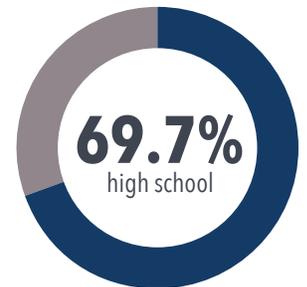
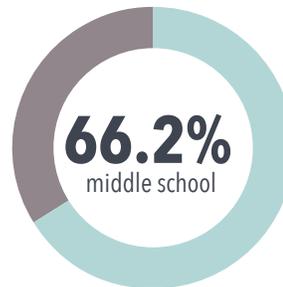
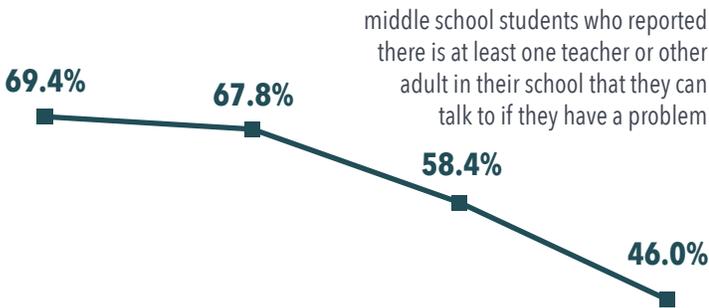
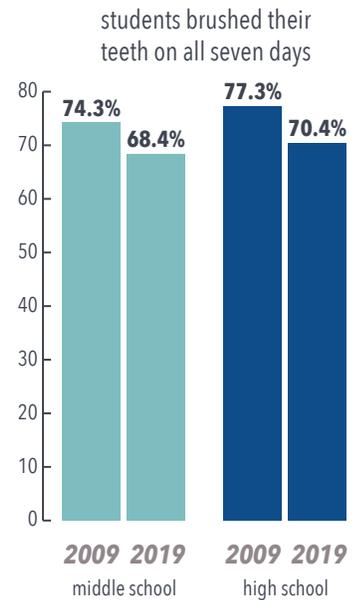
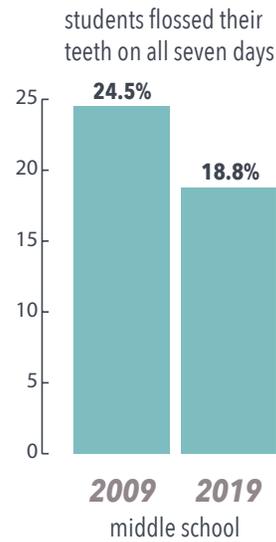
OTHER



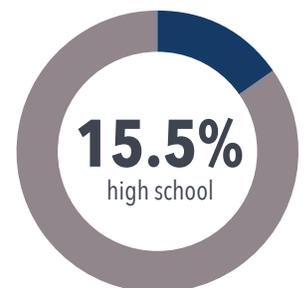
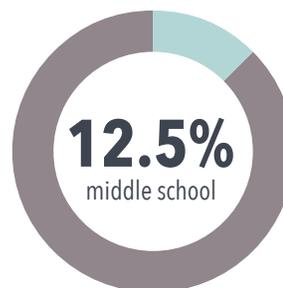
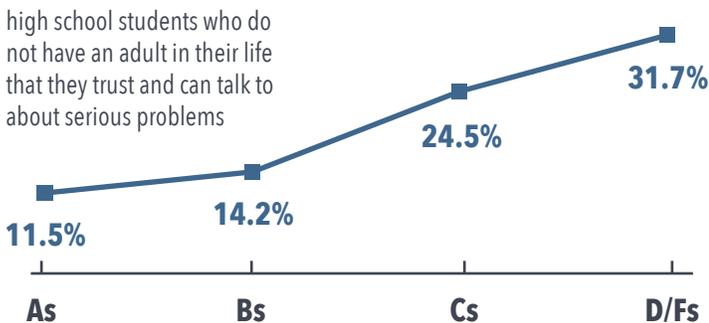
high school students had been told by a doctor or nurse that they had asthma



high school students saw a dentist



students reported there is at least one teacher or other adult in their school that they can talk to if they have a problem



students do not have an adult in their life that they trust and can talk to about serious problems

Percentage of students, by the grades mostly earned in school



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